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EXTENSION GRANTED UNTIL 5/15/11

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning 07-01 , 2009, and ending 06-30 , 20 10

B Check if applicable.
- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: Behavioral Health Foundation, Inc.
Doing Business As: Christian Fellowship Foundation
Number and street (or P O box if mail is not delivered to street address): PO Box 6067
Room/suite:
City or town, state or country, and ZIP + 4: Wheeling, WV 26003

D Employer identification no.: 55-0719264

E Telephone number: (304) 905-0570

G Gross receipts $ 755,446

F Name and address of principal officer: Peter Radakovich
PO Box 6067, Wheeling, WV 26003

H(a) Is this a group return for affiliates? Yes [X] No

H(b) Are all affiliates included? Yes No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: [X] 501(c)(3) ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ N/A

K Form of organization: [X] Corporation Trust Association Other ▶

L Year of formation: 1991

M State of legal domicile: WV

Part I Summary

1 Briefly describe the organization's mission or most significant activities. CHRISTIAN FELLOWSHIP FOUNDATION'S MISSION IS TO IDENTIFY, EVALUATE, SELECT AND PROVIDE FINANCIAL SUPPORT TO INDIVIUALS AND ORGANIZATIONS THAT FULFILL RELIGIOUS, SCIENTIFIC, CHARITABLE AND/OR EDUCATIONAL PURPOSES. THE FOUNDATION STRIVES TO IMPROVE THE QUALITY OF LIFE (SEE SCH O)

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	6
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	5
5	Total number of employees (Part V, line 2a)	5	1
6	Total number of volunteers (estimate if necessary)	6	1
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	2,500,700	350,750
9	Program service revenue (Part VIII, line 2g)		0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	294,668	(93,430)
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	257,429	264,666
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,052,797	521,986
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	195,000	450,000
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	96,885	123,289
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	32,529	30,404
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	324,414	603,693
19	Revenue less expenses. Subtract line 18 from line 12	2,728,383	(81,707)

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	36,289,629	36,547,344
21	Total liabilities (Part X, line 26)	31,336	29,223
22	Net assets or fund balances. Subtract line 21 from line 20	36,258,293	36,518,121

RECEIVED MAY 19 2011 OGDEN UT

SCANNED JUN 16 2011

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Pete Radakovich — Signature of officer — Date 5/11/11

Pete Radakovich, President and CEO — Type or print name and title

Paid Preparer's Use Only

Preparer's signature	CPA	Date 05-11-2011	Check if self-employed ▶ [ ] — Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4	Seachrist, Kennon & Marling, AC 21 Warden Run Road Wheeling, WV 26003	EIN ▶	Phone no. ▶ 304-233-0141

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes No

916,17 12

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

CHRISTIAN FELLOWSHIP FOUNDATION'S MISSION IS TO IDENTIFY, EVALUATE, SELECT AND PROVIDE FINANCIAL SUPPORT TO INDIVIUALS AND ORGANIZATIONS THAT FULFILL RELIGIOUS, SCIENTIFIC, CHARITABLE AND/OR EDUCATIONAL PURPOSES. THE FOUNDATION STRIVES TO IMPROVE THE QUALITY OF LIFE (SEE SCH O)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . | Yes | X | No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . | Yes | X | No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code) (Expenses $ 512,244 including grants of $ 450,000) (Revenue $)

CHRISTIAN FELLOWSHIP FOUNDATION MADE CHARITABLE CONTRIBUTIONS TO NON-PROFIT ORGANIZATIONS IN THE OHIO VALLEY INCLUDING THE NORTHERN PANHANDLE OF WEST VIRGINIA AND SURROUNDING REGIONS TO HELP THEM ACHIEVE THEIR CHARITABLE MISSIONS. THE CHARITABLE CONTRIBUTIONS MADE TO OTHER CHARITABLE NON-PROFIT ORGANIZATIONS HELPED TO IMPROVE THE QUALITY OF LIFE FOR THE POOR, THE HOMELESS, THE UNDERPRIVILEGED, THE DISTRESSED, THE NEGLECTED, THE AT RISK, THE NEEDY, THE ABUSED, THE YOUNG AND THE ELDERLY.

4b (Code:) (Expenses $ including grants of $) (Revenue $)

4c (Code:) (Expenses $ including grants of $) (Revenue $)

4d Other program services. (Describe in Schedule O)
(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ▶ 512,244

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
	• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional (Yes: , No: X)	12A		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S Information Returns Enter -0- if not applicable	1a	4		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions.

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	6		
b	Enter the number of voting members that are independent	1b	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		X
6	Does the organization have members or stockholders?		6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ WV

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

Own website	[X] Another's website	[X] Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ▶ Elizabeth Modar (304) 905-0570
111 19th Street Wheeling, WV 26003

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees, officers, key employees; highest compensated employees, and former such persons

☐ Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Fred Quinn Member	5.00	X						6,000	0	0
Jim Kilzer Member	1.00	X								
Bob Chiocca Member	1.00	X								
Tim Delaney Member	1.00	X								
Steve Weimer Member	1.00	X								
Peter Radakovich President & CEO	30.00	X		X				93,462	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total ▶								99,462	0	0

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 0

		Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If "Yes," complete Schedule J for such individual	4		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	350,750			
	g	Noncash contributions included in lines 1a-1f $					
	h	Total. Add lines 1a-1f		350,750			
Program Service Revenue			Business Code				
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		41,145			41,145
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross Rents	268,595	14,206			
	b	Less. rental expenses	16,593	1,542			
	c	Rental income or (loss)	252,002	12,664			
	d	Net rental income or (loss)			264,666		264,666
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	80,750				
	b	Less. cost or other basis and sales expenses	215,325				
	c	Gain or (loss)	(134,575)				
	d	Net gain or (loss)			(134,575)		(134,575)
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less. direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less: cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
	12	Total revenue. See instructions		521,986	0	0	171,236

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	450,000	450,000		
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	115,000	57,500	57,500	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	8,289	4,144	4,145	
11	Fees for services (non-employees):				
a	Management	12,000	600	11,400	
b	Legal	7,500		7,500	
c	Accounting	2,100		2,100	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	1,542		1,542	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	4,928		4,928	
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a	MISCELLANEOUS	2,334		2,334	
b					
c					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	603,693	512,244	91,449	0
26	Joint Costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments		34,103,578	2	34,252,084
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		9,035	9	4,107
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 305,061			
	b	Less accumulated depreciation	10b 187,268	129,866	10c	117,793
	11	Investments - publicly traded securities		2,047,150	11	2,173,360
	12	Investments - other securities See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		36,289,629	16	36,547,344
Liabilities	17	Accounts payable and accrued expenses		31,336	17	29,223
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities. Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		31,336	26	29,223
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		36,258,293	27	36,518,121
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		36,258,293	33	36,518,121
	34	Total liabilities and net assets/fund balances		36,289,629	34	36,547,344

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 | | Cash |X| Accrual | | Other _____ If the organization changed its methods of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: |X| Separate basis | | Consolidated basis | | Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Behavioral Health Foundation, Inc.

Employer identification number
55-0719264

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1 | | A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 | | A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 | | A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 | | A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state.

5 | | An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 | | A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 | X | An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 | | A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 | | An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 | | An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 | | An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a | | Type I b | | Type II c | | Type III-Functionally integrated d | | Type III-Other

e | | By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . . . . | |

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)		
(ii) A family member of a person described in (i) above?	11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,509,750	6,309,875	6,408,195	2,500,700	350,750	21,079,270
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	5,509,750	6,309,875	6,408,195	2,500,700	350,750	21,079,270
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from ln 4						21,079,270

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	5,509,750	6,309,875	6,408,195	2,500,700	350,750	21,079,270
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	610,588	1,082,753	1,311,768	570,576	323,945	3,899,630
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 **Total support.** Add lines 7 through 10						24,978,900

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	84.39 %
15	Public support percentage from 2008 Schedule A, Part II, line 14	15	86.08 %

16a **33 1/3% support test - 2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support test - 2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test - 2009.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or bus. under sec 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private Foundation:** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

Behavioral Health Foundation, Inc.

Employer identification number

55-0719264

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | Yes | No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | Yes | No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply)

- | | Preservation of land for public use (e.g., recreation or pleasure)
- | | Protection of natural habitat
- | | Preservation of open space
- | | Preservation of an historically important land area
- | | Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? | Yes | No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? | Yes | No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ _____ %
c Term endowment ▶ _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		247,059	135,183	111,876
c Leasehold improvements				
d Equipment		38,375	38,375	
e Other		19,627	13,710	5,917
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶				117,793

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25

1. (a) Description of liability	(b) Amount
Federal income taxes	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	521,986
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	603,693
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	(81,707)
4	Net unrealized gains (losses) on investments	4	341,535
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net) Add lines 4 through 8	9	341,535
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	259,828

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	881,656
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	341,535		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d			
e	Add lines 2a through 2d			2e	341,535
3	Subtract line 2e from line 1			3	540,121
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b	(18,135)		
c	Add lines 4a and 4b			4c	(18,135)
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	521,986

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	621,828
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV.)	2d	18,135		
e	Add lines 2a through 2d			2e	18,135
3	Subtract line 2e from line 1			3	603,693
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
c	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	603,693

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Other expenses not included on Form 990 (Part XIII, line 2d)

Line 4b - other adjustments: rental depreciation (18,135)

Line 4d - other adjustments: rental depreciation 18,135

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
BEHAVIORAL HEALTH FOUNDATION, INC.

Employer identification number
55-0719264

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ... [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000 Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUNG LIFE 953 NATIONAL ROAD #142 WHEELING, WV 26003	84-0385934	501(C)(3)	59000.	0.			SUPPORT ACTIVITIES TO IMPROVE BEHAVIOR OF UNDERPRIVILEGED, AT RISK TEENAGERS
CATHOLIC CHARITIES WV 125 18TH STREET WHEELING, WV 26003	55-0391262	501(C)(3)	15000.	0.			PROVIDE FINANCIAL SUPPORT FOR MEALS TO HOMELESS, UNDERPRIVILEGED AND/OR DISADVANTAGED
EASTER SEALS 1309 NATIONAL ROAD WHEELING, WV 26003	62-1266942	501(C)(3)	5000.	0.			SUPPORT FOR SERVICES TO PEOPLE WITH AUTISM AND OTHER DISABILITIES
AUGUSTA LEVY LEARNING CENTER 99 N. MAIN ST. WHEELING, WV 26003	20-2628216	501(C)(3)	15000.	0.			SUPPORT AN INTENSIVE AUTISM TREATMENT PROGRAM IN THE OHIO VALLEY FOR INFANTS TO 8 YEAR OLDS
HOUSE OF THE CARPENTER 200 SOUTH FRONT STREET WHEELING, WV 26003	55-0751892	501(C)(3)	23000.	0.			SUPPORT FOOD PANTRY AND OTHER NEEDS OF ECONOMICALLY DISADVANTAGED FAMILIES
WHEELING HEALTH RIGHT 61 29TH STREET WHEELING, WV 26003	31-1149085	501(C)(3)	11000.	0.			SUPPORT FOR FREE MEDICAL CARE, PREVENTIVE CARE AND MEDICINES TO THE WORKING POOR

2 Enter total number of section 501(c)(3) and government organizations ... ▶ 31.

3 Enter total number of other organizations ... ▶

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization
BEHAVIORAL HEALTH FOUNDATION, INC.

Employer identification number
55-0719264

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GABRIEL PROJECT OF WV 141 EDGINGTON LANE WHEELING, WV 26003	31-1504147	501(C)(3)	15000.	0.			SUPPORT SINGLE PREGNANT WOMEN WITHOUT SUPPORT AND ADEQUATE FINANCES TO MEET THEIR NEEDS
SALVATION ARMY 315 27TH STREET BELLAIRE, OH 43906		501(C)(3)	1000.	0.			SUPPORT VARIOUS PROGRAMS INCLUDING FEEDING THE POOR OF THIS CHRISTIAN BASED ORGANIZATION
SALVATION ARMY PO BOX 220 MOUNDSVILLE, WV 26041		501(C)(3)	1000.	0.			SUPPORT VARIOUS PROGRAMS INCLUDING FEEDING THE POOR OF THIS CHRISTIAN BASED ORGANIZATION
SALVATION ARMY PO BOX 126 STEUBENVILLE, OH 43952		501(C)(3)	1000.	0.			SUPPORT VARIOUS PROGRAMS INCLUDING FEEDING THE POOR OF THIS CHRISTIAN BASED ORGANIZATION
SALVATION ARMY 888 COVE ROAD WEIRTON, WV 26062		501(C)(3)	1000.	0.			SUPPORT VARIOUS PROGRAMS INCLUDING FEEDING THE POOR OF THIS CHRISTIAN BASED ORGANIZATION
SALVATION ARMY PO BOX 6637 WHEELING, WV 26003		501(C)(3)	1000.	0.			SUPPORT VARIOUS PROGRAMS INCLUDING FEEDING THE POOR OF THIS CHRISTIAN BASED ORGANIZATION
CASA 1100 CHAPLINE ST. WHEELING, WV 26003	27-0906338	501(C)(3)	10000.	0.			SUPPORT CHILD ADVOCATES IN LEGAL SYSTEM TO PROTECT ABUSED OR NEGLECTED CHILDREN
CASA 720 CHARLES ST. WELLSBURG, WV 26070	31-1620703	501(C)(3)	2500.	0.			SUPPORT CHILD ADVOCATES IN LEGAL SYSTEM TO PROTECT ABUSED OR NEGLECTED CHILDREN

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization
BEHAVIORAL HEALTH FOUNDATION, INC.

Employer identification number
55-0719264

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEIRTON CHRISTIAN CENTER 3012 ELM STREET WEIRTON, WV 26062	55-0402344	501(C)(3)	53000.	0.			HELP UNDERPRIVILEGED, AT RISK PRETEENS, TEENS AND THEIR FAMILIES IN HIGH PROVERTY AREA
HARMONY HOUSE 2000 EOFF ST. WHEELING, WV 26003	20-3135260	501(C)(3)	11000.	0.			SUPPORT PROTECTION OF VICTIMIZED CHILDREN WHO RECEIVE SERVICES IN A SAFE, APPROPRIATE PLACE
AIM WOMEN'S CENTER PO BOX 4365 STEUBENVILLE, OH 43952	34-1567102	501(C)(3)	12000.	0.			SUPPORT FREE PROGRAMS, EDUCATION AND HEALING OF YOUNG WOMEN IN A HIGH POVERTY AREA
YOUTH SERVICES SYSTEM PO BOX 6041 WHEELING, WV 26003	55-0583675	501(C)(3)	15000.	0.			SUPPORT REHAB AND OTHER PROGRAMS FOR TROUBLED, INCARCERATED TEENS
YWCA FVPP 1100 CHAPLINE ST. WHEELING, WV 26003	55-0357063	501(C)(3)	15000.	0.			SUPPORT EMERGENCY SHELTER, & SERVICES PROVIDED TO DOMESTIC VIOLENCE SURVIVORS
LAUGHLIN MEMORIAL CHAPEL PO BOX 6195 WHEELING, WV 26003	23-7318589	501(C)(3)	28000.	0.			SUPPORT PROGRAMS FOR UNDERPRIVILEGED, AT RISK KIDS IN THE WHEELING AREA
URBAN UNDERGROUND 714 LAWSON AVE. STEUBENVILLE, OH 43952	20-3891942	501(C)(3)	45000.	0.			SUPPORT NEEDS OF AT RISK, UNDERPRIVILEGED TEENS IN AN AREA OF HIGH UNEMPLOYMENT & POVERTY
NAMI OF WHEELING PO BOX 253 TRIADELPHIA, WV 26059		501(C)(3)	5000.	0.			SUPPORT WHEELING DROP IN CENTER FOR INDIVIDUALS WITH MENTAL ILLNESS

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▶ **Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.**

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization
BEHAVIORAL HEALTH FOUNDATION, INC.

Employer identification number
55-0719264

Part I **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CRITTENTON SERVICES 2606 NATIONAL ROAD WHEELING, WV 26003	55-0751563	501(C)(3)	10500.	0.			TO SUPPORT RESIDENTIAL & OTHER SERVICES FOR YOUNG, AT-RISK PREGNANT WOMEN
THE EXPERIENCE PO BOX 6505 WHEELING, WV 26003	20-1671132	501(C)(3)	14000.	0.			SUPPORT COMMUNITY EVENT TO BENEFIT DISADVANTAGED, AT-RISK YOUTH, FAMILIES & OLDER PEOPLE
UNITED WAY 51 11TH STREET WHEELING, WV 26003	55-0479446	501(C)(3)	5000.	0.			SUPPORT PROGRAMS BENEFITING POOR, DISADVANTAGED INDIVIDUALS AND FAMILIES
C3 250 BETHANY PIKE WHEELING, WV 26003	55-0766509	501(C)(3)	15000.	0.			SUPPORT FREE SPORT CAMP FOR MORE THAN 400 KIDS AGES 4 TO 14
FOLLANSBEE CHRISTIAN CENTER PO BOX 96 FOLLANSBEE, WV 26037	55-6024568	501(C)(3)	10500.	0.			HELP UNDERPRIVILEGED, AT RISK PRETEENS, TEENS AND THEIR FAMILIES
FAITH IN ACTION CAREGIVERS 1359 NATIONAL ROAD WHEELING, WV 26003	55-0738608	501(C)(3)	5000.	0.			SUPPORT SERVICES TO HELP SENIOR CITIZENS IMPROVE THEIR QUALITY OF LIFE
WEST VIRGINIA NORTHERN COMMUNITY COLLEGE - 1704 MARKET STREET - WHEELING, WV 26003	23-7251077	501(C)(3)	5000.	0.			SUPPORT COMMUNITY COLLEGE WHICH PROVIDES QUALITY, AFFORDABLE EDUCATION & LOW TUITION RATES IN WV
SEEING HAND ASSOCIATION 750 MAIN STREET WHEELING, WV 26003	55-0284240	501(C)(3)	5000.	0.			SUPPORT FOR SERVICES AND ACTIVITIES FOR THE BLIND AND VISUALLY IMPAIRED INDIVIDUALS

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▶ **Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.**

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization
BEHAVIORAL HEALTH FOUNDATION, INC.

Employer identification number
55-0719264

Part I **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WHEELING HOMELESS COALITION 84 15TH ST. WHEELING, WV 26003	55-0670538	501(C)(3)	5000.	0.			SUPPORT PROGRAMS & SERVICES TO POOR, UNDERPRIVILEGED FAMILIES WHO ARE HOMELESS

LHA **For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule I-1 (Form 990) 2009

932241 02-01-10

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Schedule I, Part I, Line 2: DEPENDING UPON THE NATURE OF THE SPECIFIC GRANT, THE VARIOUS PROCEDURES THE FOUNDATION USES FOR MONITORING THE USE OF GRANT FUNDS INCLUDES: REQUIRED REPORTING ON USE OF FUNDS, MEETINGS, CORRESPONDENCE, EMAILS, VOICE COMMUNICATIONS, PERSONAL INTERVIEWS, ATTENDANCE AT ACTIVITIES/EVENTS, INSPECTION OF FACILITIES AND INTERACTION WITH COMMUNITY MEMBERS.

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

Behavioral Health Foundation, Inc.

Employer identification number

55-0719264

01. Form 990 governing body review (Part VI, line 11)

Form 990, Part VI, Section A, Line 11: BEFORE THE 990 IS FILED, THE COMPLETE 990 IS SENT TO ALL BOARD OF DIRECTORS FOR REVIEW AND COMMENT.

02. Conflict of interest policy compliance (Part VI, line 12c)

Form 990, Part VI, Section B, Line 12C: THE ORGANIZATION'S BOARD OF DIRECTORS IS RESPONSIBLE FOR ENSURING COMPLIANCE WITH THE ORGANIZATION'S CONFLICT OF INTEREST POLICY.

03. CEO, executive director, top management comp (Part VI, line 15a)

Form 990, Part VI, Section B, Line 15: THE ORGANIZATION HAS ONE OFFICER/KEY EMPLOYEE.THE ORGANIZATION'S PROCESS FOR DETERMINING A COMPENSATION ARRANGEMENT INCLUDES AN INDEPENDENT COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS FOLLOWING IRS GUIDELINES AND PROCEDURES.

04. Other officer or key employee compensation (Part VI, line 15b

THE ORGANIZATION HAS ONE OFFICER/KEY EMPLOYEE.THE ORGANIZATION'S PROCESS FOR DETERMINING A COMPENSATION ARRANGEMENT INCLUDES AN INDEPENDENT COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS FOLLOWING IRS GUIDELINES AND PROCEDURES.

05. Governing documents, etc, available to public (Part VI, line 19)

Form 990, Part VI, Section C, Line 19: DOCUMENTS THAT ARE REQUIRED BY LAW TO BE MADE PUBLIC ARE AVAILABLE FOR INSPECTION AT THE OFFICE OF THE ORGANIZATION.

06. General explanation attachment

Form 990, Part I, Line 1, Description of Organization's Mission:

CHRISTIAN FELLOWSHIP FOUNDATION'S MISSION IS TO IDENTIFY, EVALUATE, SELECT AND PROVIDE

Name of the organization: Behavioral Health Foundation, Inc.

Employer identification number: 55-0719264

FINANCIAL SUPPORT TO INDIVIDUALS AND ORGANIZATIONS THAT FULFILL RELIGIOUS, SCIENTIFIC, CHARITABLE AND/OR EDUCATIONAL PURPOSES. THE FOUNDATION STRIVES TO IMPROVE THE QUALITY OF LIFE FOR THE MOST VULNERABLE - THE POOR, THE HOMELESS, THE UNDERPRIVILEGED, THE DISTRESSED, THE NEGLECTED, THE AT RISK, THE HURTING, THE NEEDY, THE ABUSED, THE YOUNG AND THE ELDERLY. THE PRIMARY GEOGRAPHIC FOCUS OF THE FOUNDATION IS THE NORTHERN PANHANDLE OF WEST VIRGINIA AND THE SURROUNDING REGIONS. THE CHRISTIAN FELLOWSHIP FOUNDATION BELIEVES IN PROMOTING, SUPPORTING AND EXPANDING CHRISTIAN VALUES, BELIEFS, PRINCIPLES AND ACTIVITIES IN ACCOMPLISHING ITS MISSION.

Form 990, Part III, Line 1, Description of Organization Mission:

FOR THE MOST VULNERABLE - THE POOR, THE HOMELESS, THE UNDERPRIVILEGED, THE DISTRESSED, THE NEGLECTED, THE AT RISK, THE HURTING, THE NEEDY, THE ABUSED, THE YOUNG AND THE ELDERLY. THE PRIMARY GEOGRAPHIC FOCUS OF THE FOUNDATION IS THE NORTHERN PANHANDLE OF WEST VIRGINIA AND THE SURROUNDING REGIONS. THE CHRISTIAN FELLOWSHIP FOUNDATION BELIEVES IN PROMOTING, SUPPORTING AND EXPANDING CHRISTIAN VALUES, BELIEFS, PRINCIPLES AND ACTIVITIES IN ACCOMPLISHING ITS MISSION.

Form 990, Part I, Line 6:

THE FOUNDATION HAS ONE VOLUNTEER THAT PERFORMS A VARIETY OF DIFFERENT TASKS FOR THE FOUNDATION.